

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90043 019 ***150.00

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1. Entity Name
EMERGENCY PHYSICIANS OF ST. JOHNS COUNTY, INC.



Principal Place of Business
**400 HEALTH PARK BLVD
SAINT AUGUSTINE, FL 32086**

Mailing Address
**PO BOX 3044
ST AUGUSTINE, FL 32085**

40004982



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3516942

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ASBURY, LLOYD T
214 N. CLAY STREET
JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent

Name **Thomas F. Asbury**

Street Address (P.O. Box Number is Not Acceptable)

3628 Darnall PL.

City **Jacksonville** **FL** Zip Code **32217**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **EDELBERG, JAY W MD**
STREET ADDRESS **168 UNIVERSITY BLVD, N**
CITY-ST-ZIP **JACKSONVILLE, FL 32211**

TITLE **D** ☒ Delete
NAME **NASCA, LEONARDO JR, M.D.**
STREET ADDRESS **299 S ROSCOE BLVD**
CITY-ST-ZIP **PONTE VEDRA BEACH, FL 32082**

TITLE **D** ☐ Delete
NAME **GROBELNY, MARK M.D.**
STREET ADDRESS **5395 RIVERVIEW DRIVE**
CITY-ST-ZIP **ST AUGUSTINE, FL 32084**

TITLE **D** ☒ Delete
NAME **CASTELLON, LOURDES M.D.**
STREET ADDRESS **3 BERMUDA RUN WAY**
CITY-ST-ZIP **ST AUGUSTINE, FL 32084**

TITLE **D** ☒ Delete
NAME **FOSTER, JOHN M.D.**
STREET ADDRESS **1908 SEMINOLE ROAD**
CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-05

904-543-9207